

| RESIDENT COLUMN I | NON-RESIDENT COLUMN II |
|----------------------|---------------------------|
|----------------------|---------------------------|

1. Interest and dividend income from federal 1040 or 1040A
2. Distributions from tax-option corporations (Losses not deductible)
3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.)
4. Gain (or loss) on sale or exchange of property (attach federal schedule(s))
5. Net income (or loss) from partnership (attach federal Schedule K-1, etc.)
6. Net income (or loss) from business or profession (attach federal Schedule C)
7. Net income (loss) from Rent or Royalties (attach federal Schedule E)
8. Miscellaneous
9. Total Other income (or losses) (enter here and on page 1, line 2)

[illegible]

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form)
2. Moving expense from federal form 3903 (attach federal form)
3. Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions.
(attach federal form 1040, page 1)
4. Interest on obligations of the United States or subordinate units included on part 1, line 1
5. Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1)

[illegible]

| Name | Federal Identification Number | Amount |
|----------|-------------------------------|--------|
| 1. _____ | | |
| 2. _____ | | |

Total enter on page 1, line 17

Enter the first names of the dependent children & Social Security Numbers

Enter the names & Social Security Numbers of other dependents

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

| | | | | |
|---|------|------------|------------|-------------|
| | | | () | () |
| Taxpayer's Signature | Date | Occupation | Home Phone | Work Phone |
| | | | () | () |
| Spouse's Signature | Date | Occupation | Home Phone | Work Phone |
| Signature of preparer other than taxpayer | | Date | Address | I.D. number |

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2010 or at the end of the fourth month after the close of your tax year.

Returns with Payments: TREASURER, CITY OF DETROIT
P.O. BOX 673556
Detroit, Michigan 48267-3556

Refund and all others: DETROIT CITY INCOME TAX
P.O. BOX 553173
Detroit, Michigan 48255-3173